PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wi. applicable fee(s), to: Mail

Mail Stop ISSUL

Commissioner for Patents
P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notificati	ons.	or wise in Block 1, by (a	y specifying a new con	espondence address;	and/or (b) indicating a sepa	arate "FEE ADDRESS" for
CURRENT CURRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
38473	7590 10/14/	2008	ha			
ELMORE PATENT LAW GROUP, PC 515 Groton Road Unit 1R Westford, MA 01886				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
westfold, MA 01	1000		-	Lorraine Doyle		(Depositor's name)
			<u> </u>	Barraine		(Signature)
				Decembe	r 22 2008	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,047 02/06/2004 TITLE OF INVENTION: MACROCYCLIC HEPATITIS C SERINE PRO		Zhenwei Miao PTEASE INHIBITORS		4056.1066 US1	4991	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	DURI ICATION FEE ON			
			PUBLICATION FEE DU			DATE DUE
nonprovisional	XRS NO	.5 ⁵⁵⁵ 1510.	\$300 .		\$1810	01/14/2009
EXAMI		ART UNIT	CLASS-SUBCLASS		71010	
JARRELL, NOBLE E 1624		514-183000				
	ondence address (or Cha 3/122) attached.	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)		
PLEASE NOTE. Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAMI OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
Enanta Pharmaceuticals, Inc. Watertown, MA						
Please check the appropri	iate assignee category or	categories (will not be p			Corporation or other private g	roup entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee show						e shown above)
X Issue Fee	to small entity discount p	nermitted)	A check is enclose			
Advance Order - # of Copies			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502807 (enclose an extra copy of this form).			
	s SMALL ENTITY state	us. See 37 CFR 1.27.	D b. Applicant is no	longer claiming SMA	ALL ENTITY status. Sec 37 (UFR 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the i	d Publication Fee (if req records of the United Sta	uired) will not be accepted tes Patent and Trademar	ed from anyone other th	an the applicant; a reg	gistered attorney or agent; or	the assignee or other party in
Authorized Signature	/Carolyn	5. Elmore/	/ 	Date De	cember 22,20	108
	· Caralya 5			Registration No. 37567		
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ions for reducing this bu riginia 22313-1450. Do	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will varied on, should be sent to the NOT SEND FEES OR	ion is required to obtain R. I.14. This collection is y depending upon the in the Chief Information Or COMPLETED FORM!	or retain a benefit by estimated to take 12 idividual case. Any of Ticer, U.S. Patent and TO THIS ADDRES	the public which is to file (a minutes to complete, includ comments on the amount of d Trademark Office, U.S. De SS. SEND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450,
		persons are required to re	espond to a collection of	information unless in	t displays a valid OMB contro	ol number.